

CB

COCHISE COUNTY JAIL

INMATE REQUEST FORM

TO: Medical	NAME & POD: Eric McCoy CB1
SUBJECT: Swelling	BOOKING NUMBER: 51405
DATE & TIME RECEIVED:	RECEIVED BY:

NATURE OF REQUEST:

Every morning my hands swell & every evening my legs and feet swell. Is this a blood pressure problem. May I please get seen for this?

Thank you,

Eric McCoy

DATE: 3/30/19

INMATE SIGNATURE:

Eric McCoy

DUTY OFFICER COMMENTS:

Officer Moreno witnessed my asking & giving medical personnel the request form

OFFICER'S NAME

Officer Rubio witnessed the interaction

A#

SIGNED:

REPLY:

Upper blood pressure was 118/82 on intake. Increase your water intake & exercise daily. If you still want to be seen turn in a medical request form (this is not a medical request form) and you can be seen in medical it will be a \$10.00 charge.

3/30/19 Medical

SIGNED:

DATE:

Reply received at 8pm on 3/30/19
with no signature by medical staff
member who replied to a non-medical
request form, but would not address
the medical issue other than by informing
me to increase my water intake & exercise
based on my blood pressure reading
2 weeks prior on 3/16/19 upon my
initial intake, which does not apply
to my current medical concern. Also
when I asked medical this evening for
the use of my inhaler, the nurse,
Marie handed me a used inhaler shared
by multiple inmates hence the reason for
the cardboard applicator over the mouth-
piece to ~~use the~~ use the inhaler which requires
no mouthpiece therefore limiting my
necessary intake dosage, ~~forcing me~~
to administer 2 puffs ~~of my~~ of my inhaler
after which she addressed to me saying I
was only allowed one puff of my prescription
which prescribes me to take as needed.